

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR/DIST/DIV. CODE MAX	2. PERSON REPRESENTED CURRAN, MARK			VOUCHER NUMBER	
3. MAG. DKT/DEF. NUMBER		4. DIST. DKT/DEF. NUMBER 1:04-010212-001	5. APPEALS DKT/DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. CURRAN		8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Supervised Release	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Amabile, John A. Amabile and Burkly P.C. 197 Portland Street Boston MA 02114		13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____  <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court 04/29/2005 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Amabile and Burkly P.C. 197 Portland Street Boston MA 02114					
15. CLAIM FOR SERVICES AND EXPENSES  CATEGORIES (Attach itemization of services with dates)					
15. a. Arraignment and/or Plea		16. HOURS CLAIMED	17. TOTAL AMOUNT CLAIMED	18. MATH/TECH ADJUSTED HOURS	19. MATH/TECH ADJUSTED AMOUNT
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$ )		TOTALS:			
16. OUT OF COURT EXPENSES  a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ )		TOTALS:			
17. TRAVEL EXPENSES (lodging, parking, meals, mileage, etc.)					
18. OTHER EXPENSES (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____					
20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION				21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature of Attorney: _____ Date: _____					
APPROVED FOR PAYMENT - COURT'S STAMP					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	

## CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. CIR/DIST/DIV. CODE MAX	2. PERSON REPRESENTED CURRAN, MARK		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:04-010212-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. CURRAN	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Supervised Release
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.			

## REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

## 12. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

Authorization to obtain the service. Estimated Compensation: \$ \_\_\_\_\_ OR  
 Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300)

Signature of Attorney

Date

 Panel Attorney  Retained Atty  Pro-Se  Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.

Telephone Number: \_\_\_\_\_

## 13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)

## 14. TYPE OF SERVICE PROVIDER

01	<input type="checkbox"/> Investigator	20	<input type="checkbox"/> Legal Analyst/Consultant
02	<input type="checkbox"/> Interpreter/Translator	21	<input type="checkbox"/> Jury Consultant
03	<input type="checkbox"/> Psychologist	22	<input type="checkbox"/> Mitigation Specialist
04	<input type="checkbox"/> Psychiatrist	23	<input type="checkbox"/> Duplication Services (See Instructions)
05	<input type="checkbox"/> Polygraph Examiner	24	<input type="checkbox"/> Other (specify) _____
06	<input type="checkbox"/> Documents Examiner		
07	<input type="checkbox"/> Fingerprint Analyst		
08	<input type="checkbox"/> Accountant		
09	<input type="checkbox"/> CALR (Westlaw/Lexis,etc)		
10	<input type="checkbox"/> Chemist/Toxicologist		
11	<input type="checkbox"/> Ballistics Expert		
12	<input type="checkbox"/> Weapons/Firearms/Explosive Expert		
13	<input type="checkbox"/> Pathologist/Medical Examiner		
14	<input type="checkbox"/> Other Medical Expert		
15	<input type="checkbox"/> Voice/Audio Analyst		
16	<input type="checkbox"/> Hair/Fiber Expert		
17	<input type="checkbox"/> Computer (Hardware/Software/Systems)		
18	<input type="checkbox"/> Paralegal Services		

## 15. Court Order

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order

Nunc Pro Tunc Date  
Repayment or partial repayment ordered from the person represented for this service at time of authorization. YES  NO

## 16. SERVICES AND EXPENSES

## FOR COURT USE ONLY

16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
<b>17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS</b>			

TIN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_

CLAIM STATUS  Final  Interim Payment Number  Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee:

Date: \_\_\_\_\_

## 18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.

Signature of Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

## APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED
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23.  Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained.  
 Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.

Signature of Presiding Judicial Officer Date Judge/Mag. Judge Code

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
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## 28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006 A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) Date Judge Code

## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED CURRAN, MARK			VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:04-010212-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. CURRAN		8. PAYMENT CATEGORY	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Supervised Release			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.							
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).							
14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary)					Judge's Initials		
A. Apportioned Cost % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Real Time Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT		16. COURT ORDER					
As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.		Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted.					
Signature of Attorney _____ Date _____		Signature of Presiding Judicial Officer or By Order of the Court _____					
Printed Name _____		Date of Order _____ Nunc Pro Tunc Date _____					
Telephone Number: _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization							
<b>CLAIM FOR SERVICES PROVIDED</b>							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other		18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix.) AND MAILING ADDRESS					
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE		Telephone Number: _____					
20. TRANSCRIPT		Include Page Numbers	No. of Pages	Rate Per Page	Sub-Total	Less Amount Apportioned	Total
Original							
Copy							
Expenses (itemize):						TOTAL AMOUNT CLAIMED: _____	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.							
Signature of Claimant/Payee: _____ Date: _____							
<b>ATTORNEY CERTIFICATION</b>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.							
Signature of Attorney or Clerk _____ Date _____							
<b>APPROVED FOR PAYMENT - COURT USE ONLY</b>							
23. APPROVED FOR PAYMENT						24. AMOUNT APPROVED	
Signature of Judicial Officer or Clerk _____ Date _____							